

TOWN OF TISBURY
BUILDING INSPECTION & ZONING ENFORCEMENT
POST OFFICE BOX 1239
VINEYARD HAVEN, MA 02568

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- BUILDING PERMIT APPLICATION -

FEE: _____

OTHER PERMITS/APPROVALS REQUIRED:

BOARD OF APPEALS: _____	PLANNING BOARD: _____
BOARD OF HEALTH: _____	CONSERVATION: _____
FIRE DEPARTMENT: _____	HISTORIC DISTRICT: _____
MARTHA'S VINEYARD COMMISSION: _____	SITE PLAN REVIEW COMMITTEE: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

TELEPHONE: _____

PREVIOUS OWNER IF PURCHASED WITHIN 1 YEAR _____

APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

PROPERTY LOCATION:

STREET: _____

ASSESSOR'S PARCEL: _____ - _____ - _____ ZONING DISTRICT: _____

DATE OF DEED TO OWNER: _____ BOOK: _____ PAGE: _____

DESCRIPTION OF CONSTRUCTION ACTIVITY:

DIMENSIONS: _____ (LIVING AREA) SQUARE FEET: _____

NUMBER OF EXISTING BEDROOMS: _____ BATHROOMS: _____

NUMBER OF PROPOSED BEDROOMS: _____ BATHROOMS: _____

DISTANCE FROM WETLANDS, BOG, MARSH, BEACH, OR BODY OF WATER: _____

BUILDER: _____

MAILING ADDRESS: _____

TELEPHONE: _____

CONSTRUCTION SUPERVISOR: _____

MAILING ADDRESS: _____

TELEPHONE: _____ LICENSE NUMBER _____

ESTIMATED COST OF STRUCTURE: _____

(MATERIAL & LABOR) **PLANS REQUIRED (3 SETS EACH):**

A. PLAN OF LAND REQUIRED FOR NEW CONSTRUCTION OR ANY CONSTRUCTION OUTSIDE EXISTING PERIMETER OF STRUCTURE*

B. DETAILED BUILDING PLANS INCLUDING DIMENSION LUMBER, INSULATION VALUES, MATERIALS TO BE USED, ELEVATIONS, SECTIONS, ETC.**

C. APPENDIX J (ENERGY AUDIT)

*All such plans and computations shall bear the Massachusetts Seal of Registration and signature of the qualified Registered Professional Land Surveyor.

**All building plans must comply with 780 CMR Building Code.

This application will not be processed unless it is deemed complete including attachments as required.

Signed under the pains and penalties of perjury.

Signature: **OWNER** _____

APPLICANT _____

OFFICE USE ONLY

APPROVED: _____ DISAPPROVED: _____

COMPLIES WITH ZONING BYLAW SECTION: _____

PERMIT NUMBER: _____ DATE OF ISSUE: _____

SIGNATURE OF BUILDING INSPECTOR

APPLICATION FOR:

ATTACHED___ DETACHED___ TEMPORARY STRUCTURE___
 NEW - DWELLING___ GARAGE___ SHED___ OTHER___
 ADDITION TO - DWELLING___ GARAGE___ SHED___ OTHER___

BUILDING TYPE (SELECT ONE):

BUNGALOW___ CAMP___ CAPE/SALTBOX___ COLONIAL___
 COMMERCIAL___ (see Page 4) MODERN/CONTEMPORARY___ TWO-FAMILY___
 RANCH___ RAISED RANCH___ SPLIT-LEVEL___ OTHER___

STRUCTURAL DATA (MUST BE COMPLETED FOR ALL BUILDINGS):**A. FOUNDATION TYPE**

CELLAR___
 CRAWL SPACE___
 OTHER___

B. FOUNDATION

BLOCK___
 POURED CONCRETE___
 OTHER___

C. EXTERIOR WALLS (SELECT ONE, UNLESS THERE ARE EQUAL PROPORTIONS OF TWO)

COMPOSITION/WALL BOARD___
 ASBESTOS SHINGLES___
 BOARD & BATTEN___
 BRICK ON VENEER___
 STONE ON MASONRY___
 VINYL SIDING___
 CEDAR OR REDWOOD SIDING___
 GLASS/THERMOPANE___
 PRE-FINISHED METAL___
 LOGS___

WOOD ON SHEATHING___
 STUCCO___
 STONE ON MASONRY___
 BRICK ON MASONRY___
 CLAPBOARD___
 ALUMINUM SIDING___
 WOOD SHINGLES___
 PREFAB WOOD PANEL___
 CONCRETE/CINDER___
 OTHER___

D. ROOF TYPE (SELECT ONE. IF MORE THAN ONE, CHOOSE THE PREDOMINANT)

FLAT___ SHED___ GABLE/HIP___ SALTBOX___ MANSARD___ GAMBREL___

E. ROOF COVER (SELECT ONE. IF MORE THAN ONE, CHOOSE THE GREATEST AREA)

ASPHALT___ WOOD SHINGLE___ CLAY OR TILE___ SLATE___
 METAL OR TIN___ ROLLED COMPOSITION___ BUILT UP TAR/GRAVEL___
 OTHER___

F. INTERIOR WALLS

MASONRY___ PANELING___ PLASTER___ WOOD PANEL CUSTOM___
 DRYWALL___ OTHER___

G. INTERIOR FLOORS (DO NOT COUNT KITCHEN)

PLYWOOD___ PINE OR SOFTWOODS___ TILE___ HARDWOOD___
 CARPETING___ PARQUET___ LINOLEUM___ VINYL___
 OTHER_____

H. HEATING FUEL

WOOD/COAL/KEROSENE___
 OIL___
 GAS___
 ELECTRIC___
 SOLAR___
 STEAM___

I. HEATING TYPE

NONE___
 CONVECTION___
 FORCED AIR - DUCTED___
 FORCED AIR - NON-DUCTED___
 HOT WATER___
 RADIANT ELECTRIC___

J. AIR CONDITIONING

NONE___ CENTRAL___ HEAT PUMP___

K. OTHER DATA

NUMBER OF STORIES:___ NUMBER OF FIREPLACES/WOOD STOVES:___
 OTHER SIGNIFICANT FEATURES IF ANY:_____

ADDITIONAL DATA (FOR COMMERCIAL BUILDINGS ONLY):

A. HEATING/AIR CONDITIONING

PACKAGED___ SPLIT___ NONE___

B. STRUCTURAL FRAME

NONE___ WOOD FRAME___ MASONRY___ STEEL___
 FIREPROOF STEEL___ REINFORCED CONCRETE___
 OTHER_____

C. CEILING & WALL (CHOOSE ONE FROM EITHER SUSPENDED OR NOT SUSPENDED)

<u>SUSPENDED</u>	<u>NOT SUSPENDED</u>
CEILING ONLY FINISHED___	CEILING ONLY FINISHED___
CEILING WITH MINIMUM WALL___	CEILING WITH MINIMUM WALL___
CEILING & WALL FINISHED___	CEILING & WALL FINISHED___

D. OTHER DATA

NUMBER OF ROOMS PER FLOOR___ WALL HEIGHT___
 PERCENT OF COMMON WALL___ TOTAL NUMBER OF RESTROOMS___
 IF RESIDENTIAL UNITS:
 NUMBER OF UNITS___ BEDROOMS PER UNIT___ BATHS PER UNIT___

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
600 WASHINGTON STREET
BOSTON, MASSACHUSETTS 02111

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I, _____

(Licensee/permittee)

With a principal place of business/residence at: _____

(City/State/Zip)

do hereby certify, under the pains and penalties of perjury, that:

- ☐ I am an employer providing the following workers' compensation coverage for my employees working on this job.

Insurance Company

Policy Number

- ☐ I am a homeowner performing all the work myself.

- ☐ I am a sole proprietor and have no one working for me.

- ☐ I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation insurance policies:

Name of Contractor

Insurance Company/Policy Number

Name of Contractor

Insurance Company/Policy Number

Name of Contractor

Insurance Company/Policy Number

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act {GL.c. 152, sect. 1(5)}, application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of fine of up to \$1500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this _____ day of _____, 20 _____

Licensee/Permittee

Licensor/Permittor

TOWN OF TISBURY
Office of
BUILDING INSPECTION & ZONING ENFORCEMENT
POST OFFICE BOX 1239
VINEYARD HAVEN, MA 02568

Applicant _____ Parcel _____

The applicant will be responsible prior to applying for a building permit to have the attached signoff sheet completed.

Board of Health (Septic Systems)

Initials _____ N/A _____

Conservation Commission

Initials _____ N/A _____

DPW/Waste Water Department (if abutting Municipal Sewer)

initials _____ N/A _____

Fire Department (Smoke and C/O Detectors.FSS and FNS)

Initials _____ N/A _____

Martha's Vineyard Commission

Initials _____ N/A _____

Planning Board

Initials _____ N/A _____

Site Plan Review Board

Initials _____ N/A _____

Tax Collector

Initials _____ N/A _____

Water Works

Initials _____ N/A _____

William Street Historic District

Initials _____ N/A _____

Zoning Board of Appeals

Initials _____ N/A _____

Other

_____ N/A _____